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March 31, 2014

David Walensky, Esq.
910 Stuart Avenue Suite 2B
Mamaroneck, NY 10543

Re: People v. Atara Wisdom
Ind. # 6615/12

Dear Mr. Walensky:

Enclosed please find copies of the victim's medical records from September 2011 until December 2011.

Very truly yours,

Phyllis Chu

Encl.

Cc: Judge Neil Jon Firetog

NYS Office of Alcoholism and Substance Abuse Services
Client Discharge Report
 FOR DISCHARGES DATED 4/1/2009 AND BEYOND

A. Wilson

Provider Number 80400Program Number 61916

(94)

Client ID 741378Sex ☒ Male ☐ Female Birth Date [REDACTED] Last 4 SSN 2909 Last Name 2 Letters WI (Birth Name)Date Last Treated 4-12-2011

Education at Discharge (If education at admission was entered incorrectly, it must be updated in "Client Management" online)

- | | | | |
|---------------------------------------|------------------------------|--|---|
| <input type="checkbox"/> No education | <input type="checkbox"/> 5th | <input type="checkbox"/> 10th | <input type="checkbox"/> Vocational Cert w/ Diploma/GED |
| <input type="checkbox"/> 1st | <input type="checkbox"/> 6th | <input checked="" type="checkbox"/> 11th | <input type="checkbox"/> Some College-No degree |
| <input type="checkbox"/> 2nd | <input type="checkbox"/> 7th | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Associates Degree |
| <input type="checkbox"/> 3rd | <input type="checkbox"/> 8th | <input type="checkbox"/> General Equivalency Diploma | <input type="checkbox"/> Bachelors Degree |
| <input type="checkbox"/> 4th | <input type="checkbox"/> 9th | <input type="checkbox"/> Vocational Cert w/o Diploma/GED | <input type="checkbox"/> Graduate Degree |

Employment**Employment Status**

- | | | |
|--|---|---|
| <input type="checkbox"/> Employed Full Time-35+ hrs/wk | <input type="checkbox"/> Not in Labor Force, Disabled | <input type="checkbox"/> Social Services Determined, Not Employed/Able to Work |
| <input type="checkbox"/> Employed Part Time-<35 hrs/wk | <input type="checkbox"/> Not in Labor Force, In Training | <input type="checkbox"/> Social Services Determined, Unable to Work, Mandated Treatment |
| <input type="checkbox"/> Employed in Sheltered Workshop | <input type="checkbox"/> Not in Labor Force, Inmate | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Unemployed, in Treatment | <input type="checkbox"/> Not in Labor Force, Retired | |
| <input type="checkbox"/> Unemployed, Looking for Work | <input type="checkbox"/> Not in Labor Force, Student | |
| <input type="checkbox"/> Unemployed, Not Looking for Work | <input type="checkbox"/> Not in Labor Force, Other | |
| <input type="checkbox"/> Not in Labor Force, Child Care | <input type="checkbox"/> Social Services Work Exp Program | |

Length of Employment at Discharge: ☐ 0-30 Days ☐ 31-60 Days ☐ 61-90 Days ☐ 91-120 Days ☐ 121+ Days**Type of Residence**

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Private Residence | <input type="checkbox"/> CD Community Residence | <input type="checkbox"/> Institution, Other (jail, hospital) |
| <input type="checkbox"/> Homeless, Shelter | <input type="checkbox"/> CD Supportive Living | <input type="checkbox"/> Other |
| <input type="checkbox"/> Homeless, No Shelter | <input type="checkbox"/> MH/MRDD Community Residence | |
| <input type="checkbox"/> Single Resident Occupancy | <input type="checkbox"/> Other Group Residential Setting | |

Living Arrangements ☐ Living Alone ☐ Living w/ Non-Related Persons ☒ Living with Spouse/relatives**Primary Payment Source**

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Medicaid Pending | <input type="checkbox"/> Private Insurance - Fee for Service |
| <input checked="" type="checkbox"/> Self-Pay | <input type="checkbox"/> Medicare | <input type="checkbox"/> Private Insurance - Managed Care |
| <input checked="" type="checkbox"/> Medicaid | <input type="checkbox"/> DSS Congregate Care | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medicaid Managed Care | <input type="checkbox"/> Department of Veterans Affairs | |

Mental Health

- | | |
|--|---|
| Co-existing Psychiatric disorder | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Ever Treated for a mental illness problem | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Ever Hospitalized for mental illness | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Ever Hospitalized 30 or more days for mental illness | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Gambling & Tobacco Goal Achievements

Gambling	Tobacco (Nicotine)
<input type="checkbox"/> Achieved	<input type="checkbox"/> Achieved
<input type="checkbox"/> Partial Achievement	<input type="checkbox"/> Partial Achievement
<input type="checkbox"/> Not Achieved	<input checked="" type="checkbox"/> Not Achieved
<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable

Total Treatment Visits - For use only by Outpatient Programs (Excluding Methadone Maintenance Programs)

Total Treatment Visits 20120

Individual Counseling Sessions 2004 (Provided by a primary counselor)

Group Counseling Sessions 2020 (Provided by a primary counselor)

Family Counseling Sessions 2000 (Provided by any direct care staff)

Recent History:No. of Arrests in Prior 30 Days 00 (or during treatment if stay was less than 30 days)

Six Months Prior to Discharge (or during treatment if stay was less than 6 months)

Number of Arrests 00 Days Incarcerated 000Days Hospitalized 00 Days in Inpatient Detox 00Number of ER Episodes 00

NYS Office of Alcoholism and Substance Abuse Services
Client Discharge Report
FOR DISCHARGES DATED 4/1/2009 AND BEYOND

Use of Alcohol and Other Drug Use at Discharge

Status of Problem Substances Reported at Admission		
	Substance*	Frequency of Use at Discharge
Primary	Alcohol	No use in last 30 days
Secondary	Cocaine	
Tertiary		

*Note: Substance(s) reported at admission will be pre-filled on the Client Data System

Frequency of Use
No use in last 30 days
1-3 times last 30 days
1-2 times per week
3-6 times per week
Daily

Status of Different Problem Substances Used and Not Reported at Admission (if any)

First Problem Substance

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> OxyContin | <input type="checkbox"/> GHB | <input type="checkbox"/> Other Hallucinogen |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other Opiate/Synthetic | <input type="checkbox"/> Khat | <input type="checkbox"/> Ephedrine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Alprazolam (Xanax) | <input type="checkbox"/> Other Tranquillizer | <input type="checkbox"/> Inhalant |
| <input checked="" type="checkbox"/> Crack | <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Marijuana/Hashish | <input type="checkbox"/> Benzodiazepine (e.g., Klonopin) | <input type="checkbox"/> Other Amphetamine | <input type="checkbox"/> ROHYPNOL |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Catapres (Clonidine) | <input type="checkbox"/> Other Stimulant | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Other Sedative /Hypnotic | <input type="checkbox"/> PCP | <input type="checkbox"/> Over-the-Counter |
| <input type="checkbox"/> Non-Rx Methadone | <input type="checkbox"/> Elavil | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Other |

Route of Administration ☐ Inhalation ☐ Injection ☐ Oral ☒ Smoking ☐ Other
Frequency of Use ☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☒ 3-6 times per week ☐ Daily

Second Problem Substance

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> OxyContin | <input type="checkbox"/> GHB | <input type="checkbox"/> Other Hallucinogen |
| <input checked="" type="checkbox"/> Alcohol | <input type="checkbox"/> Other Opiate/Synthetic | <input type="checkbox"/> Khat | <input type="checkbox"/> Ephedrine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Alprazolam (Xanax) | <input type="checkbox"/> Other Tranquillizer | <input type="checkbox"/> Inhalant |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Marijuana/Hashish | <input type="checkbox"/> Benzodiazepine (e.g., Klonopin) | <input type="checkbox"/> Other Amphetamine | <input type="checkbox"/> ROHYPNOL |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Catapres (Clonidine) | <input type="checkbox"/> Other Stimulant | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Other Sedative /Hypnotic | <input type="checkbox"/> PCP | <input type="checkbox"/> Over-the-Counter |
| <input type="checkbox"/> Non-Rx Methadone | <input type="checkbox"/> Elavil | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Other |

Route of Administration ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Other
Frequency of Use ☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily

Third Problem Substance

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> OxyContin | <input type="checkbox"/> GHB | <input type="checkbox"/> Other Hallucinogen |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other Opiate/Synthetic | <input type="checkbox"/> Khat | <input type="checkbox"/> Ephedrine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Alprazolam (Xanax) | <input type="checkbox"/> Other Tranquillizer | <input type="checkbox"/> Inhalant |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Marijuana/Hashish | <input type="checkbox"/> Benzodiazepine (e.g., Klonopin) | <input type="checkbox"/> Other Amphetamine | <input type="checkbox"/> ROHYPNOL |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Catapres (Clonidine) | <input type="checkbox"/> Other Stimulant | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Other Sedative /Hypnotic | <input type="checkbox"/> PCP | <input type="checkbox"/> Over-the-Counter |
| <input type="checkbox"/> Non-Rx Methadone | <input type="checkbox"/> Elavil | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Other |

Route of Administration ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Other
Frequency of Use ☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily

Tobacco

Frequency of Use in Past 30 Days (If stay is less than 30 days report use since admission or since last MCAS (for methadone programs)):

☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☒ Daily

Date Last Used: Month 11 Year 2011 (not entered if stay is less than 30 days)

Primary Route of Administration: ☒ Smoking ☐ Chewing

NYS Office of Alcoholism and Substance Abuse Services
Client Discharge Report
FOR DISCHARGES DATED 4/1/2009 AND BEYOND

Discharge Reason & Referral Information

Discharge Status

- ☐ Completed Treatment: All Goals Met
☐ Completed Treatment: Half or More Goals Met
☐ Treatment Not Completed: Maximum Benefit/Clinical Discharge
☒ Treatment Not Completed: Some Goals Met
☐ Treatment Not Completed: No Goals Met

Discharge Disposition (CHECK ONE)

- ☐ Additional treatment at this level of care no longer necessary
☐ Further treatment at this level unlikely to yield added clinical gains
☐ Left against clinical advice: Formal referral made/offered
☒ Left against clinical advice: Lost to contact (no referral possible)
☐ Left against clinical advice: Termination of third party funds
☐ Discharged due to non-compliance with program rules
☐ Discharged due to regulatory requirements (note: crisis programs)
☐ Client arrested/incarcerated
☐ Client could no longer participate for medical/psych. reasons
☐ Client death
☐ Client relocated
☐ Program closed

Referral Disposition (CHECK ONE)

- ☒ No referral made
☐ Client not in need of additional services
☐ Referred back to CD* program
☐ Referred to other CD* program
☐ Referred to Mental Health Program
☐ Referred to non-CD* or non-MH treatment
☐ Referred to Gambling Program
☐ Refused referral

*CD=chemical dependence

Is the client currently Attending 12-Step or Other Self-help Group Meetings (last 30 days)?

- ☐ Yes ☐ No

Referral Category (CHECK ONE)

Chemical Dependency (CD) Programs

- ☐ CD Program In New York State
☐ CD Program Out of State
☐ CD VA Program
☐ CD Private Practitioner

Health Institutions

- ☐ Hospital
☐ Hospital (Long Term)/ Nursing Home
☒ Nursing Home, Long Term Care
☐ Group Home, Foster Care

Mental Health Programs

- ☐ Mental Health Community Residence
☐ Mental Health Inpatient
☐ Mental Health Outpatient
☐ Mental Retardation/Dev Disabilities

☐ Other Referral

- *****
☒ No Referral Made
☐ Refused Referral

Evaluation of Client's Goal Achievement

Drug Use

- ☐ Achieved
☐ Partial Achievement
☒ Not Achieved
☐ Not Applicable

Social Functioning

- ☐ Achieved
☐ Partial Achievement
☒ Not Achieved
☐ Not Applicable

Family Situation

- ☐ Achieved
☐ Partial Achievement
☒ Not Achieved
☐ Not Applicable

Alcohol Use

- ☐ Achieved
☐ Partial Achievement
☒ Not Achieved
☐ Not Applicable

Vocational/Educational

- ☐ Achieved
☐ Partial Achievement
☒ Not Achieved
☐ Not Applicable

Emotional Functioning

- ☐ Achieved
☐ Partial Achievement
☒ Not Achieved
☐ Not Applicable

Medical Conditions

- ☒ Achieved
☐ Partial Achievement
☐ Not Achieved
☐ Not Applicable

Legal

- ☐ Achieved
☐ Partial Achievement
☒ Not Achieved
☐ Not Applicable

Pt is deceased

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION CHEMICAL DEPENDENCY TREATMENT PROGRAM	PATIENT ADDRESSOGRAPH
INDIVIDUALIZED RECOVERY PLAN AFTERCARE PLAN	Patient Name: <i>Wilson, Anthony</i> Medical Record No.: <i>741318</i>

☒ Unable to Provide - Patient Lost to Contact ☐ Unable to Provide - Patient Left AMA / Refused Aftercare Plan

A. Chemical Dependency Treatment Aftercare Arrangements

Name of Agency _____ Appointment With _____

Agency Address _____ Phone Number _____

First Appointment: Date _____ Time _____ Items to Bring _____

Local Self Help Meetings: Group _____ Location _____ Times _____

Group _____ Location _____ Times _____

B. Personal Relapse Prevention / Recovery Plan

Things to do daily to support recovery _____ _____ _____ _____	Things to avoid (persons, places, things) _____ _____ _____ _____
Social support systems _____ _____ _____ _____	Steps to be taken in event of slip or relapse _____ _____ _____ _____
<input type="checkbox"/> Services for significant others recommended: _____ _____ _____	
In event of problems/concerns regarding your recovery, this treatment center can be reached at: () _____	

C. Aftercare Instructions / Referrals For Identified Problems

Problem Area	Follow-up Instructions	Referrals/ Arrangements (specify agency, address, contact person, telephone and date/time of appointment)

Patient's Name: _____

Medical Record Number: _____

Problem Area	Follow-up Instructions	Referrals/ Arrangements (specify agency, address, contact person, telephone and date/time of appointment)

D. Current Medications ☐ Hospital Form Substituted

List all prescribed, over the counter, and/or herbal medications applicant is currently taking <input type="checkbox"/> None					
Medication	Dose & Frequency	Prescribed By	Phone	Last Taken	Used as Prescribed?

E. Approvals

Treatment Team	Individual Attestation
Counselor Signature _____ Date <u>2/2/2</u> Time <u>1:30</u> Supervisor Signature _____ <input type="checkbox"/> Not Req'd Date _____ Time _____ Physician Signature _____ <input type="checkbox"/> Not Req'd Date _____ Time _____ Nurse Signature _____ <input type="checkbox"/> Not Req'd Date _____ Time _____	I have received my Aftercare Plan and I understand that my adherence and follow through with it will further my success in long term recovery. I actively participated in the development of my plan and I understand the arrangements that have been made for me. I commit myself to following this plan. Individual's Signature: _____ Date _____

NEW YORK CITY
HEALTH AND HOSPITALS CORPORATION
CHEMICAL DEPENDENCY TREATMENT PROGRAM

INDIVIDUALIZED RECOVERY PLAN
DISCHARGE SUMMARY

PATIENT
ADDRESSOGRAPH

Patient Name: Wilson, Anthony

Medical Record No.: 741378

A. Follow-up (Inpatient Only) ☐ N/A

Discharge Date: _____ Follow-up Date(s): _____
Aftercare Arrival Date: _____ ☐ Did not arrive Admit Date: _____ ☐ Not admitted

B. Discharge Status

Date of Last Clinic Visit: 11/26/11 Last Medication Date: _____ mg: _____ (MTP Only)
Date of Discharge: 12/28/11 Days/Months In Treatment: 3mnths

☐ Completed Tx: All Goals Met ☐ Completed Tx: Half of Goals Met ☐ Tx Not Complete: Max Benefit / Clinical
☒ Tx Not Complete: Some Goals Met ☐ Tx Not Complete: No Goals Met

Discharge Disposition

☐ Additional Tx at this level of care no longer necessary ☐ Further Tx at this level unlikely to yield added clinical gains
☐ Left against clinical advice: Referral Made/Offered ☒ Left against clinical advice: Lost to contact
☐ Left against clinical advice: Termination of 3rd party fund ☐ Discharged due to non-compliance with program rules
☐ Discharged due to regulatory requirements (note: crisis programs) ☐ Arrested/incarcerated ☐ Could no longer participate for med/psych reasons ☐ Client death ☐ Client relocated ☐ Program Closed

Referral Category

☐ CD Program - ☐ In NYS ☐ Out of State ☐ VA Program ☐ Private Practitioner
☐ Health Institution - ☐ Hospital ☐ Hospital Long Term ☐ Nursing Home Long Term ☐ Group Home/Foster Care
☐ Mental Health - ☐ Community Residence ☐ Inpatient ☐ Outpatient ☐ MR/DD
☒ Other Left against medical advise

☐ Individual attending 12 Step / Self-help Meetings in last 30 days.

C. Treatment Summary

Total Tx Visits 12 Individual Counseling Sessions 04 Group Counseling Sessions 20 Family Sessions 00

Recent History: Six Months Prior to Discharge

Number Arrests 00 Days Incarcerated 00 Days Hospitalized 00 Days in Detox 00 ER Episodes 00

Current Status of Problem Substances Reported at Admission

Primary Substance: alcohol Usage Status ☒ No Use ☐ 1-3 x last 30 days ☐ 1-2 x/wk ☐ 3-6 x/wk ☐ Daily
Secondary Substance: cannabis Usage Status ☒ No Use ☐ 1-3 x last 30 days ☐ 1-2 x/wk ☐ 3-6 x/wk ☐ Daily
Tertiary Substance: _____ Usage Status ☐ No Use ☐ 1-3 x last 30 days ☐ 1-2 x/wk ☐ 3-6 x/wk ☐ Daily

Tobacco Use past 30 days: ☐ No use last 30 days ☐ 1-3 times/last 30 ☐ 1-2 times/wk ☐ 3-6 times/wk ☒ Daily
Date of Last Use (Month/Year): 11/2011 Route of Administration: ☒ Smoking ☐ Chewing

Addiction Medications Used During Treatment

☐ Methadone ☐ Buprenorphine ☐ Zyban ☐ Naltrexone/Vivitrol ☐ Antabuse ☐ Campral ☐ Other ☐ None
☐ Smoking Cessation - ☐ Nicotine Gum ☐ Nicotine Patch ☐ Nicotine Lozengers ☐ Chantix

Patient Name: Wilson, AnthonyMedical Record #: 741378D. Progress Towards Stated Goals v g ☐ Patient lost to contact prior to establishment of comprehensive treatment plan

Treatment Goals	Interventions & Outcomes	
patient to be engaged and motivated towards recovery goals	patient to attend program 4 times weekly	<input type="checkbox"/> Achieved <input type="checkbox"/> Partial Achievement <input checked="" type="checkbox"/> Not Achieved <input type="checkbox"/> N/A
patient to obtain physical exam	patient to obtain physical exam within 2 weeks of admission	<input type="checkbox"/> Achieved <input type="checkbox"/> Partial Achievement <input checked="" type="checkbox"/> Not Achieved <input type="checkbox"/> N/A
patient to obtain psychosocial history.	patient to complete bio-psychosocial within 2 weeks of adm.x	<input type="checkbox"/> Achieved <input type="checkbox"/> Partial Achievement <input type="checkbox"/> Not Achieved <input type="checkbox"/> N/A
patient to be compliant with prescribed medication	patient report level of compliance with medication usage	<input checked="" type="checkbox"/> Achieved <input type="checkbox"/> Partial Achievement <input type="checkbox"/> Not Achieved <input type="checkbox"/> N/A
		<input type="checkbox"/> Achieved <input type="checkbox"/> Partial Achievement <input type="checkbox"/> Not Achieved <input type="checkbox"/> N/A
		<input type="checkbox"/> Achieved <input type="checkbox"/> Partial Achievement <input type="checkbox"/> Not Achieved <input type="checkbox"/> N/A

E. Functional Status:

Highest Grade Completed: ☐ No Education ☒ Grade 1-11 (Enter Grade) 11 ☐ High School Diploma☐ GED ☐ Vocational Certificate w/o Diploma/GED ☐ Vocational Certificate w/Diploma/GED☐ Some College - No Degree ☐ Associates Degree ☐ Bachelors Degree ☐ Graduate Degree

Employment Status:

☐ Employed Full Time ☐ Employed Part Time ☐ Employed in Sheltered Workshop
☒ Unemployed in treatment ☐ Unemployed looking ☐ Unemployed-not looking
☐ Not in labor force - student ☐ Not in labor force - retired ☐ Not in labor force - disabled
☐ Not in labor force- child care ☐ Not in labor force - in training ☐ Not in labor force- other
☐ Social Services WEP ☐ Social Service Determined /Able ☐ Social Services Determined / Txt Mandated

Length of Employment at Discharge: ☐ 0-30 Days ☐ 31-60 Days ☐ 61-90 Days ☐ 91-120 Days ☐ 121+ DaysLiving Arrangements: ☐ Living alone ☒ Living with spouse/relatives ☐ Living with non-related persons

Type of Residence:

☒ Private Residence ☐ Single Resident Occupancy ☐ CD Community Residence
☐ Homeless, Sheltered ☐ Homeless, No Shelter ☐ CD Supportive / Transitional
☐ Other Group Residential Setting ☐ Institution, Other (Jail, Hospital) ☐ MH / MRDD Residence ☐ Other

Primary Payment Source: ☐ None ☐ Self-Pay ☒ Medicaid ☐ Medicaid Managed Care ☐ Medicaid Pending
☐ Medicare ☐ DSS Congregate Care ☐ Dept VA ☐ Private-Fee ☐ Private-managed

Co-existing psychiatric disorder? ☐ No ☒ Yes Ever being treated for Mental Illness? ☐ No ☒ Yes
 Ever hospitalized for mental illness? ☐ No ☒ Yes Ever hospitalized \pm 30 days for mental illness? ☒ No ☐ Yes
 Ever victim of domestic violence? ☒ No ☐ Yes Ever perpetrator of domestic violence? ☐ No ☐ Yes

F. Prognosis

Does patient feel they have the ability to maintain abstinence? ☐ Yes ☒ NoDoes home environment support recovery? ☒ Yes ☐ NoDoes vocational/educational/employment status support recovery? ☐ Yes ☒ NoCompleted by: N. Prenderville CASAC-T 12/28/11 3:46pm

Signature

Title

Date

Time

Shoshanna BaggettSw Level II12/28/114:00pm

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION CHEMICAL DEPENDENCY PROGRAM	PATIENT ADDRESSOGRAPH Patient Name: <u>WILSON</u> <u>Anthony</u> Medical Record No.: <u>741378</u>
PSYCHIATRIC SCREEN / MENTAL STATUS (Comprehensive Assessment CA-4)	

A. PSYCHIATRIC SCREEN (Complete for O/P Services Only) ☒ O/P screen not needed due to existing eval

Modified Mini - Section A. Mood Disorders	
1. Have you been consistently depressed / down, most of the day, nearly every day, for past 2 wks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In past 2 wks, have you been less interested in most things or less able to enjoy things you used to enjoy most of the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you felt sad, low or depressed most of the time for the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past month, did you think you would be better off dead or wish you were dead?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had a period of time when you were feeling up, hyper or so full of energy or full of yourself that you got into trouble or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been so irritable, grouchy / annoyed for several days that you had arguments, verbal / physical fights, or shouted at people outside your family? Have you or others noticed you've been more irritable / overreacted, compared to others, even when you thought you were right acting this way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modified Mini - Section B. Anxiety Disorders	
7. Have you had occasions when you felt intensely anxious, frightened, uncomfortable / uneasy even if most people would not feel that way? If yes did these feelings get to their worst within 10 minutes? If answer to BOTH is YES, code YES. If the answer to either or both is NO, code NO	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you feel anxious or uneasy in places or situations where you might have panic-like symptoms we just spoke about? Do you feel anxious or uneasy in situations where help might not be available or escape might be difficult? (Examples include: being in crowd; standing on line; being alone; travelling)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you worried excessively or been anxious about several things over past 6 months? If no to Question 9, answer "no" to Question 10 and proceed to Question 11.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are these worries present most days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. In past month, were you afraid or embarrassed when others were watching you or when you were the focus of attention? Were you afraid of being humiliated? (i.e. speaking in public; eating with others; writing while someone watches; being in social situations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. In past month, have you been bothered by thoughts, impulses, or images you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive or distressing? (Examples include: being afraid you would act on shocking impulse; worrying a lot about being dirty, contaminated / having germs; fear you would be responsible for things going wrong; obsessive thoughts; images, impulses)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. In the past month, did you do something repeatedly without being able to resist doing it? (i.e. washing/cleaning excessively; counting/checking things over and over; collecting, or arranging things, other superstitious rituals)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever experienced / witnessed / had to deal with extremely traumatic event that included actual or threatened death or serious injury to you or someone else? (Examples include: war, disasters, serious accidents; assault; terrorist attack; being held hostage / kidnapped; fire; discovering a body)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you re-experienced the awful event in a distressing way in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modified Mini - Section C. Psychotic Disorders	
16. Have you ever believed people were spying on you, plotting against you, or trying to hurt you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you ever believed someone or force outside yourself put thoughts in your mind that were not your own / made you act in a way that was not usual? Or, have you ever felt you were possessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe someone you did not know was particularly interested in you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have your relatives or friends ever considered any of your beliefs strange or unusual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you ever heard things other people couldn't hear, such as voices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you ever had visions when you were awake or seen things other people could not see?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modified Mini Scoring	
NUMBER OF YES RESPONSES SECTION A	
NUMBER OF YES RESPONSES SECTION B	
NUMBER OF YES RESPONSES SECTION C	
TOTAL YES RESPONSES SECTIONS A, B & C	
YES RESPONSE TO QUESTION 4	
NUMBER OF YES RESPONSES QUESTIONS 14 & 15	
Scoring Guidelines Score ≥ 10 , assessment needed Score $\geq 6 \leq 9$, use clinical judgment Score ≤ 5 , assessment not needed If score = 1, assessment needed If score = 2, assessment needed	

Patient Name: _____

Medical Record #: _____

B. MENTAL STATUS SCREEN

Appearance: ☐ Appropriate ☐ Disheveled ☐ Poor Hygiene
 Attitude: ☐ Appropriate ☐ Guarded ☐ Suspicious ☐ Uncooperative ☐ Belligerent
 Motor Activity: ☐ Appropriate ☐ Hyperactive ☐ Muscle spasms ☐ Agitation ☐ Tremors/Tics
☐ Psychomotor retardation

Speech: ☐ Appropriate ☐ Delayed ☐ Soft ☐ Loud ☐ Slurred
☐ Verbose ☐ Pressured ☐ Incoherent ☐ Loquacious ☐ Other: _____

Thought Process: ☐ Appropriate ☐ Circumstantial ☐ Tangential ☐ Flight of Ideas
☐ Obsessive ☐ Loose Association ☐ Other: _____

Thought Content: ☐ Appropriate ☐ Delusions ☐ Persecutory ☐ Controlled ☐ Grandiose
☐ Paranoid ☐ Other: _____

Perception: ☐ Normal ☐ Depersonalization ☐ De-realization ☐ Other: _____
☐ Hallucinations - Explain _____

Mood: ☐ Appropriate ☐ Depressed ☐ Anxious ☐ Euphoric ☐ Irritable

Affect: ☐ Appropriate ☐ Expansive ☐ Constricted ☐ Blunted
☐ Worrisome ☐ Flat ☐ Apathetic ☐ Sad ☐ Other: _____

Orientation: ☐ Normal ☐ Abnormal - ☐ Time ☐ Place ☐ Person
☐ Always ☐ Sometimes ☐ Situation

Concentration: ☐ Intact ☐ Impaired - ☐ Mildly ☐ Moderately ☐ Grossly

Memory: ☐ Intact ☐ Impaired - ☐ Immediate ☐ Recent ☐ Remote

Cognitive Function: ☐ Intact ☐ Impaired - ☐ Mildly ☐ Moderately ☐ Grossly

Insight: ☐ Intact ☐ Impaired - ☐ Mildly ☐ Moderately ☐ Grossly

Impulse Control: ☐ Normal ☐ Impaired - Indicate ☐ Mildly ☐ Moderately ☐ Grossly

Judgment: ☐ Intact ☐ Impaired - Indicate ☐ Mildly ☐ Moderately ☐ Grossly

Suicidal Ideation: Current: ☐ No ☐ Yes - ☐ Intent ☐ Plan ☐ Gesture ☐ Attempt
 Describe: _____

Past 3 months: ☐ No ☐ Yes - ☐ Intent ☐ Plan ☐ Gesture ☐ Attempt
 Describe: _____

If yes to either, was individual influence of alcohol or drugs at the time? ☐ No ☐ Yes

If actual attempt, date: _____

Homicidal Ideation: Current: ☐ No ☐ Yes - ☐ Intent ☐ Plan ☐ Gesture ☐ Attempt
 Describe: _____

Past: ☐ No ☐ Yes - Describe: _____

If yes, was individual influence of alcohol or drugs at the time? ☐ No ☐ Yes

C. CLINICAL ASSESSMENT/RECOMMENDATIONS: Assessment of risk to harm self/others: ☐ High ☐ Moderate ☐ Low

Completed by: _____

OHP Review: _____ ☐ Not Required
 Signature Title Date Time

Chart No. 741378

NORTH BROOKLYN HEALTH NETWORK



WH101

AMBULATORY CARE PROGRESS RECORD

Name Wilson, Anthony

clinic Chem Dep

2011

Observations and Opinions of Visit Must be Entered.
Sign, Date and Stamp Every Entry.

9/6/11 Intake Assessment Note 10:30 am - 12:30 pm

Client is a 50 y.o. single, African-American male. He is the father of 6 children, all female, to several different women. Client is unemployed and is supported primarily with public assistance. He is referred for substance abuse services via ACS. Client reports his 11 month old daughter was placed in the foster care system as a result of substance dependence and neglect by the biological mother. He is attempting to gain sole custody of his daughter, however; it was alleged that he abused crack cocaine and alcohol. He was also alleged to have been physically abusive to his daughter's mother when they were together. He denies all of the allegations brought against him. "She did that because she knew she wasn't doing right by our daughter." "My 5 older daughters are mad at her for placing their sister in foster care without saying anything to anyone." "She probably left her (baby) at someone's house while she went on a crack run and they called ACS." Client states he was given a random drug screening at Counseling Service EDNY via ACS and the results were negative. Client admits to a history of excessive drinking resulting in bleeding ulcers and stomach surgery at Harlem Hospital in 1993. "I had half of my stomach removed." "I haven't drank alcohol in years and I never used crack." Client resides alone in the Bushwick section of Brooklyn. "I have my own apartment and can very well take care of my daughter, that's my intentions." Client is due in Family Court on 9/22/11 for follow-up services. "I'm going to do what I have too to get my my daughter." Client acknowledges being treated for depression in the past at CCM (releases obtained). "I was on medication and I think I should go back." Last txed at CCM approximately 6 months ago. He is amenable to continuing mental health services at CDTC. Client states he is anxious about his current state of affairs and concerns for his daughter. On a scale of 1-5 with 5 the highest, he said his anxiety and frustration level is

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EDNY via NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

WH101

drinking resulting in bleed

H. J. J. J. J.

Chart No. 741378

NORTH BROOKLYN HEALTH NETWORK



WH101

AMBULATORY CARE PROGRESS RECORD

Name Wilson, Anthony

clinic Chem Dep

2011

Observations and Opinions of Visit Must be Entered.
Sign, Date and Stamp Every Entry.

9/6/11 Intake Assessment Note 10:30 am - 12:30 pm

at 4. "That woman put me through a lot." "Now she's with a new guy who rides a motorcycle and don't give a damn about her." "I picked her up from the street and made her the person she is now."

Client maintains that he has been alcohol and substance (cannabis) free for many many years. "I'll do the program no matter what." Client is interested in completing parenting classes.

Client was given a brief overview of all services available to him at CDTC. He is scheduled to see Dr. Kidd for his medical assessment on 9/8/11 at 9:45 am. He will be seen by Dr. Harris on 9/13/11 at 2:00 pm and will be admitted into the program the same day. Client submitted urine for drug screening and his bac is negative. Client signed all relevant releases of information. He was given return instructions for 9/8/11. Client does not have a gambling or nicotine addiction.

Wm Johnson
John Johnson CASAC, Sr AC II

Chart No. 741378

NORTH BROOKLYN HEALTH NETWORK

AMBULATORY CARE PROGRESS RECORD

Name Wilson, Anthony

clinic Chem Dep/COD

209/13/11

Observations and Opinions of Visit Must be Entered.
Sign, Date and Stamp Every Entry.

2:00-2:20 PM

PSYCHIATRIC SUMMARY

DATE OF BIRTH: [REDACTED]

DATE OF SERVICE: 9/13/11

FAMILY HISTORY: Denies.

PAST PSYCHIATRIC HISTORY: Admitted to a MICA facility

SUBSTANCE ABUSE HISTORY:

Cannabis and alcohol.

SOCIAL HISTORY:

Reared by his mother in Brooklyn. He has three sisters and twin brothers. Retains contact with family. Dropped out of 11th grade. No military service. Attended special education. Has a ten-month-old daughter who is in foster care due to the mother's substance abuse. Has a Section VIII apartment.

TRAUMA HISTORY: Reports sexual abuse from an aunt as an adolescent.

LEGAL HISTORY:

Denies.

CURRENT PSYCHIATRIC HISTORY:

Notes depression with tearfulness.

Chart No. 741378

NORTH BROOKLYN HEALTH NETWORK

AMBULATORY CARE PROGRESS RECORD

Name Wilson, Anthonyclinic Chem Dep/COD

209/12/11

Observations and Opinions of Visit Must be Entered.
Sign, Date and Stamp Every Entry.

MENTAL STATUS EXAM: Cooperative, middle-aged man in casual clothes. Mood: sad
Affect: stable.

Speech: Normal fluency, spontaneity, slow rate, and low tone.

Thought process: logical, goal-directed. Notes hallucinations to harm self or others.

He has no gross cognitive deficits. Denies both suicidal and homicidal ideation.

He is alert and oriented to time, place and person.

Axis I: Cannabis and Alcohol Dependence; Major Depressive Disorder with Psychotic Features.

Axis II: Deferred

Axis III: History of head trauma as a child. Peptic Ulcer Disease

Axis IV: ACS Case.

Axis V: 41-50

MEDICATIONS: Prozac 20mg daily, Benadryl 50mg qhs, Seroquel 300mg qhs.

SUMMARY & RECOMMENDATIONS: 50-year-old man who abuses Cannabis and Alcohol, with history of depression and psychosis. Admit to COD.

Lynda Smith-Harris

Lynda Smith-Harris, MD
License #: 185087
Hosp. ID #: 800888

Chart No. 741378

NORTH BROOKLYN HEALTH NETWORK

AMBULATORY CARE PROGRESS RECORD

Name Wilson, Anthony Clinic CD 20 11Observations and Opinions of Visit Must Be Entered.
Sign, Date and Stamp Every Entry.9-13-11 Assignment Note 2:25-2:40pmDND: Aug 2010 (marijuana)
DND: Aug 2010 (Alcohol)

Medical

Pt met w/ Dr. Harris 9/13/11 (psych. Summary complete)
 BPS to be completed by assigned counselor
 Voc-Ed to be scheduled by assigned counselor
 Pt will be scheduled by assigned counselor

Pt came Tue For 2nd Assessment Visit.
 He met w/ Dr. Harris, psychiatrist. Pt
 rights and responsibilities, program
 hours, rules and procedures discussed

Pt assigned to Ms. Valle. Pt to return
 9/14 @ 9:30am for formal introduction/
 admission

BA 000

Michelle Nesbitt, CASAC

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

HHC 1947 (MAR 93) Replaces 120-203

WH101

Chart No. 74/378

NORTH BROOKLYN HEALTH NETWORK



AMBULATORY CARE PROGRESS RECORD

Name Anthony Wilson

Clinic

COD 20 11

Observations and Opinions of Visit Must Be Entered.
Sign, Date and Stamp Every Entry.

9/19/11

Acceptance

920-945

Pt. was escorted to this worker office by Mr. Nesbitt (Intake) Worker accept pt. to case load. Pt. reported he hasn't use alcohol / cannabis for a few years however he wants to obtain custody of his 10 month old baby girl and wants to attend a TX. program for relapse prevention and parenting. Pt. provided all ACS / Protective services documentation copy enclosed. Pt. also requested to contact Mr. Frazier Kinship case worker 718-313-1111 to inform he will keep his visitation for today at 12 PM. Worker provided explain COD schedule (copy enclosed). Pt. is excuse on Mon and Wed child visit and on 9/22/11 Family Court schedule appt. Pt. was schedule w/ Mr. Casazza 9/27/11 9⁴⁵ (P/E) and 10/11/11 9³⁰ P/n with Dr. Harris Psy. Next ind. session is on 9/29/11, 10³⁰.

K. Valle

CASAC-T

 JOHN JOHNSON CASAC
 PSYCH Senior Addiction Counselor II
 NBIIN # 298323
 Lic # 001459

Chart No. 141378

WH101

NORTH BROOKLYN HEALTH NETWORK

AMBULATORY CARE PROGRESS RECORD

Name Wilson, AnthonyClinic Chem Dep20 11Observations and Opinions of Visit Must Be Entered.
Sign, Date and Stamp Every Entry.

10/13/11

Outreach

2:15pm

This writer contacted pts home and was informed by his mother that patient does not live at her residence. His mother further stated that she has not seen her son but she will attempt to get in touch with him.

NICKCOLE PRENDERVILLE CASAC-T
PSYCH Addiction Counselor
NBHN # 393800
Lic # 20097

Shoshani Bagin
SW Level II

10/18/11

Outreach

12:20PM

Patient's mother informed this writer that patient did stop by her home to inform her that patient has a court hearing on 10/19/11. His mother stated that she would attempt to get him to come to that meeting.

Shoshani Bagin
SW Level II

NICKCOLE PRENDERVILLE CASAC-T
PSYCH Addiction Counselor
NBHN # 393800
Lic # 20097

10/20/11

Outreach

3:10pm

Of attempts to be non-compliant with treatment a referral was left for pt to contact this writer asap. Follow up to outreach.

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Shoshani Bagin
SW Level II

WH101

Chart No. 741378

WH101

NORTH BROOKLYN HEALTH NETWORK

AMBULATORY CARE PROGRESS RECORD

Name Wilson, Anthony Clinic COP 20 11Observations and Opinions of Visit Must Be Entered.
Sign, Date and Stamp Every Entry.

950-1210

27 NOV 2011**Psychiatry**

patient was absent for almost a
month due to complications from
stomach surgery.

patient decreased intensity of voice.
Coherent, cooperative.

pillars 3mg daily #3.

RTC 1 month.

Benadryl 50 mg qd #3.

See you every 90.

LYNDA SMITH HARRIS M.D.
Attending Physician: PSYCH

NRN # 1027 LIC # 185027

NPI # 1821072947 DEA # BS2693112

[Signature]

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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WH101

Chart No. 741378NORTH BROOKLYN HEALTH NETWORK
AMBULATORY CARE PROGRESS RECORD

WH101

Name: Anthony Wilson Chemical Dependency 2011Observations and Opinions of Visit Must be Entered.
Sign, Date and Stamp Every Entry.

11/10/11

Missed Vocational Appt. Note

11am

Client missed his scheduled appointment on 11/10/11 at 10:30am with this writer. The primary counselor, Ms. Prenderville (in the absence of Ms. Valle), was informed. The client will be rescheduled for his vocational assessment.

A handwritten signature in dark ink, appearing to read "Krystal Best".

Krystal Best, MS Ed, CRC

Rehabilitation Counselor

Chart No. 741378

WH101

NORTH BROOKLYN HEALTH NETWORK

AMBULATORY CARE PROGRESS RECORD

Name Wilson, AnthonyClinic C&D20 11Observations and Opinions of Visit Must Be Entered.
Sign, Date and Stamp Every Entry.1110 - 11311/22/11**Psychiatry**

S: He is sleeping well.

Denies adverse medication effects.

O: State of using parties to supplement his

Food stamps. Euthymic.

A: Major depressive disorder.

P: R.T.C. 1 month

Sertraline 300 mg qd #30

Bupropion 150 mg qd #30

Prazosin 3 mg daily #30

2/11

LYNDA SMITH HARRIS, M.D.

Attending Physician

NYS # 12011 114 4-11-11

NYS # 12011 114 4-11-11

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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WH101

Chart 741378

NORTH BROOKLYN HEALTH NETWORK
AMBULATORY CARE PROGRESS RECORDName: Wilson, Anthony

DEP CHEM DEP

11/26/11

Observations and Opinions of Visit Must be Entered.
Sign, Date and Stamp Every Entry.

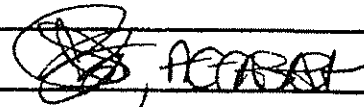
Individual Session

11:10 - 11:40

This writer met with patient and patient informed this writer that he continues to remain drug free and now realizes that he must stay clean for himself and his daughter.. This writer congratulated patient on his success with sobriety. Patient stated during individual session that sometimes he becomes overwhelmed with the thought of not getting his daughter back in his custody. Patient further stated during individual session that he is happy with where he is in his recovery. Patient stated that he attends regular AA/NA sober support groups and he will continue to attend.

BAC 0.00

Urine Submitted



Nickcole Prenderville, CASAC-T

Shoshanna Bagueri SwLevel II

Progress Note

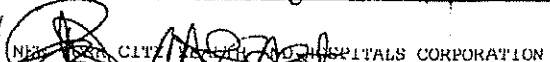
12/12/11- This writer received a call from
PT's phone service worker.

Hassan (Hassan) 718-813-1111 Ext 3007.

Mrs. Hassan was asking about PT's
progress and this writer informed her that
PT did not sign a release to give her
information. Mrs. Hassan stated that she
would get consent and contact this writer asap.

HC 1947 (MAR 93) Replaces 120-203

Shoshanna Bagueri SwLevel II



WH101

Chart No. 741378

NORTH BROOKLYN HEALTH NETWORK
AMBULATORY CARE PROGRESS RECORD

Name: Wilson, Anthony

DET CHEM DEP

12/28/11

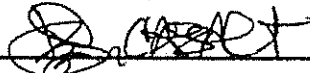
Observations and Opinions of Visit Must be Entered.
Sign, Date and Stamp Every Entry.

12/28/11

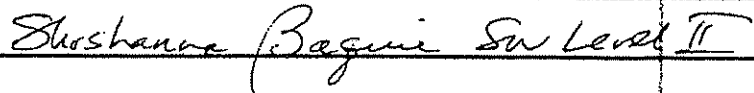
closing note

3:30pm

On this day patient's case is being closed due to non-compliance and failure to respond to outreach attempts. Patient's last visit to CDTC was on 11/26/11. due to patient's numerous admissions and failure to complete treatment, patient should complete 28 day in-patient treatment before being re-admitted to CDTC



Nickcole Prenderville, CASAC-T



Char. No. 741378

NORTH BROOKLYN HEALTH NETWORK

AMBULATORY CARE PROGRESS RECORD

Name Wilson, AnthonyClinic COD20 1/23/14Observations and Opinions of Visit Must be Entered.
Sign, Date and Stamp Every Entry.

11:10 AM

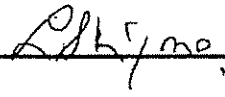
PSYCHIATRY

I was contacted by the District Attorney's Office regarding a court proceeding for the homicide of this patient in late November, 2011. He had sought treatment for alcohol and cannabis. He attended COD about ten times, since 9/11/11. AT the time of death, Seroquel was not detected in his body, despite the fact that he had received a prescription on 11.22.13. Eight pills were missing from his bottle. He had an alcohol level of 20 and a muscle relaxant, benzoylgonine in his system. He also had a Veterinary dewormer, levasimole, present.

The patient's diagnosis was Major Depressive Disorder. He was taking Seroquel, Benadryl and Prozac while enrolled in our clinic.

The DA's name is Ms. Chu. Her contact number is: 718-250-3935.

I



Lynda Smith-Harris, MD

NYS License # 185087

DEA # BS2893112

NPI # 1831272947